



BUREAU OF EMERGENCY MEDICAL SERVICES

Test Team Application



Contact Information:

Name:

Address:

STATE:

ZIP:

Phone Numbers:

HOME:

WORK:

CELL:

e-mail address:

I am interested in being a member of the Utah State Test Team BECAUSE:

Interest: (Check all that apply)

Level:

- ☐ EMT-Basic Test Team
- ☐ EMT-Intermediate Test Team
- ☐ EMT-Intermediate Advanced Test Team
- ☐ Paramedic Test Team

Area:

- ☐ Wasatch Front
- ☐ Northern Utah
- ☐ Southern Utah

Work Experience:

1. Agency Name:

Phone:

Address:

2. Agency Name:

Phone:

Address:

3. Agency Name:

Phone:

Address:

References: (We will contact each of those listed.)

1. Name:

Phone Number:

How Known?

How Long?

2. Name:

Phone Number:

How Known?

How Long?

3. Name:

Phone Number:

How Known?

How Long?

Please attach a resume and letter of introduction about you. Send to:

Dennis Bang

Bureau of Emergency Medical Services

P.O. Box 142004

Salt Lake City, UT 84114-2004